

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7937</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Gerard</u> <u>JONES</u> P.O. Box, Bldg., Room No., if any Street <u>60 Heatherwood Court</u> City <u>Dix Hills</u> State <u>NY</u> ZIP Code + 4 <u>11746</u>	4. Name, file number, and address of labor organization. Name <u>NATIONAL ORGANIZATION OF Industrial Trade Unions</u> Labor Organization File Number <u>000-165</u> P.O. Box, Building and Room Number, if any Street <u>148-06 Hillside Avenue</u> City <u>Samanca</u> State <u>NY</u> ZIP Code + 4 <u>11435</u>
5. Position in labor organization. <u>NATIONAL President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income.  7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>3/5/05</u> Date <u>718-291-3434</u> Telephone Number

Name of Person Filing	Gerard JONES	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Willie Jones  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 6 Heatherwood Court  
City Dix Hills  
State NY ZIP Code + 4 11746

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NOITJ INSURANCE TRUST FUND  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 148-06 Hillside Ave  
City Jamaica  
State NY ZIP Code + 4 11435

11.a. Nature of such dealing.

employed as supervisor of  
the NY Medical and Dental Center.  
Spouse of Union Officer

11.b. Approximate dollar value of such dealing.

\$7985

12.a. Nature of interest held or income received.

SALARY AND BENEFITS

12.b. Amount.

\$7985

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name NOITJ INDIVIDUAL ACCOUNT PLAN  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 148-06 Hillside Avenue  
City Jamaica  
State NY ZIP Code + 4 11435

14.a. Nature of payment.

REIMBURSEMENT OF EDUCATIONAL  
CONFERENCE EXPENSES AS UNION  
TRUSTEE

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$162

Name of Person Filing	Gerard JONES	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name KOEHLER & ISAACS  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 61 Broadway  
City New York  
State NY ZIP Code + 4 10006

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

11.a. Nature of such dealing.

LABOR ATTORNEY

11.b. Approximate dollar value of such dealing.

10,927

12.a. Nature of interest held or income received.

ROUND OF GOLF  
AND  
GIFT BASKET OF BEER

12.b. Amount.

275

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing	Gerard JONES	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Amalgamated Bank  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 11-15 UNION SQUARE  
City New York  
State NY ZIP Code + 4 10003

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

11.a. Nature of such dealing.

INVESTMENT CUSTODIAN

11.b. Approximate dollar value of such dealing.

3006

12.a. Nature of interest held or income received.

HOLIDAY GIFT BLANKET

12.b. Amount.

38

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.